| S | Yes | | | | they meet all three tests for exemption? | |
|-----------------|---|-------------------------------|--|---------------------|---|-------------|
| ₹ 1 × | | trusts" need not | of Official Conduct and certain other "excepted trusts" need rouse, or dependent child? | on standards | TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? EXEMPTION—Have you excluded from this report any other assets "unearned" income transactions or liabilities of a spouse or dependent child because | |
| S | NOITSAUC | F THESE (| MATION — ANSWER EACH OF THESE QUESTIONS | TINFORM | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION | 1 — |
| the onse. | swered and "Yes" respo | must be and ed for each | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | ₹ X | V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. | |
| ₹ | Yes | arrangement with | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | No No | IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. | |
| ∑ | Yes | or before the date | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | × 8 | III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. | T |
| × × | Yes | d receive any n the reporting | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII. | × S | II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | |
| × S | Yes | receive any regating more | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI. | S N | I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes Yes | |
| | | | OF THESE QUESTIONS | OF THESE | PRELIMINARY INFORMATION — ANSWER EACH (| 77 |
| nore than | against anyone who files more than 30 days late. | against anyo 30 days late. | Termination Date: | l i più | Annual (May 15) | |
| assessed | \$200 penalty shall be a | A \$200 pena | r Employing Office: | Officer or Employee | Filer Member of the U.S. State: CALIFORNIA Status House of Representatives District: 33 | |
| | 2008 JUN 16 PH 5: 24 S. HOUSE OF REPRESENTATIVES (Office Use Only) | 2008 JUX 16 PM 5: 24 | 202 225- 7084 (Daytime Telephone) | | Diane E. Watson (Full Name) | |
| | SOURCE CENTER | GISLATIVE RESOURCE CENTER | | i | | |
| u | HAND DELIVERED | HAND | Form A For use by Members, officers, and employees | | 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period | |
| | | _ _ | | | UNITED STATES HOUSE OF REPRESENTATIVES | |

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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

| Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. | fits received under the Social Seci | curity Act. |
|---|-------------------------------------|-------------|
| Source | Туре | Amount |
| Keene State | Approved Teaching Fee | \$6,000 |
| 7 | Legislative Pension | \$9,000 |
| le (Oct. 2nd) | Spouse Speech | \$1,000 |
| Ontario County Board of Education | Spouse Salary | NA A |
| State of Calif. | Legislativelension#9,000 | #9,000 |
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BLOCK A

Asset and/or Income Source

of its activities, and its geographic location in Block A. For additional information, see the account and its value at the end of the reporting od, and (b) any other asset or sources of income which generated more than \$200 in "unearned" instruction booklet. traded, state the name of the business, the nature period. For an active business that is not publicly not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information on not exercised, to select the specific investments) (i.e., plans in which you have the power, even if plans (such as 401(k) plans) that are self directed ticker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use land, provide a complete address. Provide full income during the year. For rental property or exceeding \$1,000 at the end of the reporting periduction of income with a fair market value Identify (a) each asset held for investment or pro-

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Government retirement programs. less in personal savings accounts; any financial interest in or income derived from U.S. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by parent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child,

dependent child (DC) or is jointly held (JT), in the optional column on the far left. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

DC, Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah, KY Accounts

B 分 A

Saving

BotA

RA

ŞP

Sp

Valu

please specify method other reporting year. Indicate value

generated incor year and is in If an asset was "None."

| unt of Income | Transaction |
|----------------------------|-----------------|
| plans or accounts that do | Indicate if the |
| to choose specific invest- | asset had |
| ay write "NA" for income. |) |
| ssets, including all IRAs, | purchases (P), |
| category of income by | sales (S), or |
| appropriate box below. | |
| d interest, even if rein- | exchanges (E) |
| d be listed as income. | exceeding |
| THO HISCHIE WAS TOCCITOD | \$1000 in |
| | reporting year. |
| | |

| | | | | | | | × | \$50,001 - \$100,000 | ш | BLOCK B /alue of Asset lue of asset at close of ar. If you use a valuation er than fair market value, ify the method used. as sold during the reporting included only because it come, the value should be |
|---------------|----------|----------|---------|-------|----|--------------|-------------|--|-------------------------|--|
| 8 4 | | X | 7.16 | 1. 3. | × | | | \$100,001 - \$250,000 | ग | ne r |
| | | | | | | | | \$250,001 - \$500,000 | G | BLOCK B Je of Ass of asse If you L than fair the meth the meth sold durit cluded c cluded c me, the v |
| 18 19 30 11 1 | 3 32 | | | | | | | \$500,001 - \$1,000,000 | I | BLOCK B ue of Asset of asset at If you use a than fair mar the method us sold during the cluded only t me, the value |
| | | | | | | | | \$1,000,001 - \$5,000,000 | _ | BLOCK B Palue of Asset ue of asset at close ar. If you use a valuatic er than fair market valu fly the method used. as sold during the reportir included only because come, the value should the |
| | <u> </u> | 1 | | | | | | \$5,000,001 - \$25,000,000 | ٠ | close of valuation valuation ket value, ed. s reporting pecause it should be |
| | | | | | | | | \$25,000,001 - \$50,000,000 | 7 | ose of illuation value, value, porting porting ause it |
| | * | | | | | , ; | , \ | : Over \$50,000,000 | r , | of of be |
| | | | | | | | | NONE | | |
| | 1 | 11. | ~ | | | | × | DIVIDENDS | , | neck tiren yt a vest vest ivide ivide ster ster ster ster |
| | | | | | × | | | RENT | | Type of II Check all columns retirement plans or a not allow you to investments, you may all other assets inc indicate the type of iting the appropriating the appropriating the should be II Check "None" if asset any income during the any income during the any income during the appropriations. |
| | , h % | | X | × | | | | INTEREST | ` | ypic co pla you you asse app and asse app and app app app app app app app app app ap |
| | | | | | | - | × | CAPITAL GAINS | | BLOCK C e of inco lumns the lumns or acc u to che you may u you may u you no inco pe of inco propriate d interest id be liste ' if asset of he during of he during of he during of he during of he distered he during of |
| | | | | | | | ` | EXCEPTED/BLIND TRUST | | CK Inn ns to o clo may may may may indiring e lis e lis sset |
| | | Z | | | | Royafties | | Other Type of Income (Specify: For Example, Partnership Income or Farm | Income) | Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets <i>including all IRAs</i> , indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year. |
| | | 1 | 2 2 2 2 | | | | | None | | For not che che |
| | 1000 | 5 | | | | | | ○\$1 - \$200 | # : | For retire not allow ments, y ments, y moist allow moist, y molecule checking Divident vested, Check "N |
| | | ļ., | . 32 74 | | Ļ | | , | \$201 - \$1,000 | = | Ama remen w you n you n other a e the e the inds au 'None' |
| | 1, 5 | | | X | | | × | \$1,001 - \$2,500 | ₹. | nou ent pour trass rass ne could ne ma |
| | | ļ | × | ļ | | <u> </u> | | \$2,501 – \$5,000 | < | BLC unt of an of an app |
| `` (| 1. 14 | 1 2 3 | | 4 | × | <u> </u> | | \$5,001 - \$15,000 | <u>.</u> ≰ | BLOCK D unt of Ir plans or an o choose o choose y write "N sets, inch sets, inch sets or an appropria d interest d be liste f no incom |
| | | ļ | | | ļ | <u> </u> | | \$15,001 - \$50,000 | | BLOCK D Amount of Income Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received. |
| | 1 | 1:2 | | p 2 | 1_ | | | \$50,001 \$100,000 | Ě | country for incommunity for in |
| | | | ļ | | | × | | \$100,001 - \$1,000,000 | ₹ | bunts that do ecific invest- for income. fing all IRAs, income below box below. ven if rein- as income. vas received. |
| | | .: | | 1.13 | L | <u> </u> | | \$1,000,001 - \$5,000,000 | × | e s that do s that do ic invest- income. All IFAs, ome by x below if reinincome received |
| : | | | | | | | | Over \$5,000,000 | × | |
| | | Z | | | | | S (partial) | asset is soid, please indicate as follows: (S) (partial) See below for example. P, S, E | If only a portion of an | BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year. |

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a or were paid by you and reimbursed by the sponsor.

spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | City of Departure—Destination— City of Return | Lodging? (Y/N | Food? (Y/N | Was a Family Member Included? (Y/N) | Number of days not at sponsor's expense |
|----------------------|-----------|--|------------------|---------------|---|---|
| | Mar. 2 | DC—Chicago—DC | z | z | Z | None |
| Roycroft Corporation | Aug. 6–11 | DC—Los Angeles—Cleveland | Υ | Y | Υ | 2 Days |
| 2.C - Oh io - D.C. | | | ٧ | Y | z | |
| D.C Indiana - D.C. | | | ~ | ~ | 2 | |
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